



**City of Lodi
ADA Complaint / Grievance Form**

Complainant: _____
Person Preparing Complaint (if different from Complainant): _____
Relationship to Complainant (if different from Complainant): _____
Street Address & Apt. No.: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ E-mail: _____

Please provide a complete description of the specific complaint or grievance:

Please specify any location(s) related to the complaint or grievance (if applicable):

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Please do not contact me personally.

Signature: _____ Date: _____

Return to:

Charles E. Swimley Jr.
City of Lodi ADA/Section 504 Coordinator
PO Box 3006
221 W. Pine Street
Lodi, CA 95240

Upon request, assistance can be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA / Section 504 Coordinator at the address listed above, via telephone (209) 333-6700 or via Telecommunication Relay Service (TRS) by dialing 7-1-1, or via e-mail at cswimley@lodi.gov.